

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2009

through

04

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

05

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2009</span>		25389.18
(b) Cash on Hand at Beginning of Reporting Period .....	68013.13	
(c) Total Receipts (from Line 19) .....	41372.07	249035.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	109385.20	274424.97
7. Total Disbursements (from Line 31) .....	75676.02	240715.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33709.18	33709.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	23089.09	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24508.33	192296.66
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10076.00	47634.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	34584.33	239930.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	39584.33	244930.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1787.74	4105.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	41372.07	249035.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41372.07	249035.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59583.97	194777.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	59583.97	194777.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	103.31
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	16092.05	40835.15
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	16092.05	40835.15
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75676.02	240715.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75676.02	240715.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39584.33	244930.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39584.33	244930.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59583.97	194777.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1787.74	4105.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	57796.23	190672.20

Form/Schedule : **F3XN**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A  
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT  
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent  
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best  
efforts policy. \*\*\* Robert Willington- offset to operations -\$1145.14 - was for COBRA health-insura-  
nce coverage reimbursement (paid to Blue Cross Blue Shield) for former employee \*\*

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Allen

Mailing Address 2 Pearson Plaza

City

Byfield

State

MA

Zip Code

01922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90508.C173412

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Martin Begien

Mailing Address 407 Warren Street

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90508.C173409

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Nicholas Bokavich

Mailing Address 206 Brigantine Circle

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173345

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ralph Campanelli

Mailing Address 1 Campanelli Drive  
PO Box 850985

City State Zip Code  
Braintree MA 02185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173320

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Demarino

Mailing Address 121 Ash Street

City State Zip Code  
West Bridgewater MA 02379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Carpenters Un-  
ion

Occupation  
Carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173353

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Patricia Donahue

Mailing Address 235 Ledgewood Drive

City State Zip Code  
Hanover MA 02339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Control Consultants, Inc

Occupation  
President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173352

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Egan

Mailing Address Carruth Capital  
116 Flanders Road

City State Zip Code  
Westborough MA 01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carruth Capital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173346

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Wolfgang Falcone

Mailing Address 80 Hancock Ave.

City State Zip Code  
Brockton MA 02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173373

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Stephen Fallon

Mailing Address 272 Chauncy St Ste 9B

City State Zip Code  
Mansfield MA 02048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173399

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Genest

Mailing Address 51 Fords Crossing

City

Norwell

State

MA

Zip Code

02061-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173309

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

S. David Goldberg

Mailing Address 109 Torrey Street

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office of S. David Go-  
ldber

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173308

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Glen Hannington

Mailing Address 22 Woodcliff Rd.

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173386

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Hardy

Mailing Address 41 McGregor Rd.

City

Sturbridge

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyde Manufacturing

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90508.C173327

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Lillian Hayes

Mailing Address 6 Quail Run

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schwartz and Hayes

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173356

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Richard E. Heifetz

Mailing Address 800 Newton St.

City

Chestnut Hill

State

MA

Zip Code

02467-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tucker, Heifetz & Saltzman, LL

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173393

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Amory Houghton, Jr.

Mailing Address 80 East Market Street  
Suite 300City State Zip Code  
Corning NY 14830FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: 90410.C173202

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City State Zip Code  
Boston MA 02108-1002FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.B. Jeffries ConsultantsOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	9

Transaction ID: 90410.C173244

Amount of Each Receipt this Period

208.33

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jeanne Kangas

Mailing Address 959 Hill Rd

City State Zip Code  
Boxborough MA 01719FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arnold & Kangas, P.C.Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: 90508.C173347

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

558.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Laura Kelley

Mailing Address 5 Wenlock Circle

City

North Easton

State

MA

Zip Code

02356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Computershare / Nike Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173379

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Matthew Keswick

Mailing Address 231 Victory Road

City

North Quincy

State

MA

Zip Code

02171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keswick Consulting

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90508.C173326

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Paul Lawton

Mailing Address 157 Belmont Street

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173305

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Lawton

Mailing Address 157 Belmont Street

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173374

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Lawton

Mailing Address 10 Alderwood Dr.

City

Easton

State

MA

Zip Code

02334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: 90508.C173445

Amount of Each Receipt this Period

400.00

In-Kind

R. Lawton, contribution  
of catering for party-rel-  
ated fundra

**C.**

Full Name (Last, First, Middle Initial)

Joseph Lorusso

Mailing Address 299 Creek Street

City

Wrentham

State

MA

Zip Code

02093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Commercial Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173343

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Mabry

Mailing Address 27 Greystone Way

City

North Easton

State

MA

Zip Code

02356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Buckwalsh Corp.

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173395

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Macafee

Mailing Address 154 South St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Macafee DMD P.C.

Occupation

Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173370

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Holt Massey

Mailing Address 85 Merrimac Street

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massey & Co., LLC

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90508.C173424

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Doris May

Mailing Address 104 Turnpike Street

City

West Bridgewater

State

MA

Zip Code

02379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173344

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ross J. Messina

Mailing Address 10 Messina Dr.

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173397

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

W. Hugh Morton

Mailing Address 1480 Drift Road

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morton Law Office

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173338

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann Murphy

Mailing Address 65 Helen Street

City

Waltham

State

MA

Zip Code

02452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GPC/ONeill & Assoc.

Occupation

Vice President, PR Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173307

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Murphy

Mailing Address 15 Partridge Way

City

North Easton

State

MA

Zip Code

02356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173354

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Peter Nicholas

Mailing Address 1 Joy Street

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Scientific Corp.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: 90508.C173330

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Noble

Mailing Address 110 Black Rock Drive

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: 90410.C173247

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John F. OBrien

Mailing Address 151 Coolidge Ave  
#110

City

Watertown

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Law

Occupation  
Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173389

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Thomas OConnor

Mailing Address 55 Pleasant St.

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OConnor Constructors

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: 90410.C173248

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Owens

Mailing Address PO Box 920390

City

Needham

State

MA

Zip Code

02492-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IntrinsicQ, Inc

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173300

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Denise Papagno

Mailing Address 175 Plain Street

City

Stoughton

State

MA

Zip Code

02072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Easton

Occupation  
police officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173313

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Smith Peter John

Mailing Address 36 Summer St.

City

Bridgewater

State

MA

Zip Code

02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Air

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173315

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Porter

Mailing Address 44 Green Hill Rd.

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harvard Business School

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: 90508.C173366

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

William Riegel

Mailing Address 14 Surplus Road

City

Duxbury

State

MA

Zip Code

02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173348

Amount of Each Receipt this Period

400.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Steven Roche

Mailing Address 4 Leblanc Dr

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
SCR Associates

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173408

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Sutton

Mailing Address 14 Lancelot Ln.

City

North Easton

State

MA

Zip Code

02356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office of Stephen W.  
Sutton

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173322

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Tedeschi

Mailing Address 103 Neal Gate St.

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tedeschi Food Shops, In.

Occupation  
Retail Food

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173321

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Polly Townsend

Mailing Address 34 Proctor St

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: 90410.C173212

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederick Valentine

Mailing Address 9 Galahad Way, Box 19

City

Easton

State

MA

Zip Code

02356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Optometrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173306

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Joseph Warren

Mailing Address 4 Woodside Avenue

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph Warren & Son LLC

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173312

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Sinclair Weeks

Mailing Address 100 Newbury Ct., Apt. 502

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: 90508.C173302

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen White

Mailing Address 9 Lauras Lane

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JF White Contracting Co,  
Inc.

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90508.C173355

Amount of Each Receipt this Period

300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ronald Whitney

Mailing Address 549 Bedford St.

City

Whitman

State

MA

Zip Code

02382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office of Ronald N.  
Whitne

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: 90508.C173369

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

24508.33

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 57

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

AstraZeneca PAC

Mailing Address

Paul Pereira

1800 Concord Pike

City

Wilmington

State

DE

Zip Code

19850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAC

Occupation

FEC ID: C00279455

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

Transaction ID: 90508.C173294

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 57

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City

Boston

State

MA

Zip Code

02266-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

642.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 90514.C173553

Amount of Each Receipt this Period

642.60

Offsets to Operating Expe-  
nditu

**B.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City

Reading

State

MA

Zip Code

01867-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1145.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 9

Transaction ID: 90410.C173209

Amount of Each Receipt this Period

1145.14

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

1787.74

**TOTAL** This Period (last page this line number only) .....

1787.74

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barrows Barrows Insurance

Mailing Address 215 North Main Street

City Mansfield State MA Zip Code 02048-

Purpose of Disbursement  
Liability Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11178

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

1641.12

LIABILITY INSURANCE

**B.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
direct mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11191

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

3500.00

DIRECT MAIL - PARTY RELA-  
TED NON FEA

**C.**

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
401 Park Drive

City Boston State MA Zip Code 02215-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11182

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2949.76

HEALTH INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

8090.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.  
75 Meadowbrook RD.

City Hanover State MA Zip Code 02339-

Purpose of Disbursement  
Party related computer IT support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11190

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

700.00

PARTY RELATED COMPUTER IT  
SUPPORT

B.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.  
75 Meadowbrook RD.

City Hanover State MA Zip Code 02339-

Purpose of Disbursement  
Party related computer IT support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11196

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

1350.00

PARTY RELATED COMPUTER IT  
SUPPORT

C.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.  
75 Meadowbrook RD.

City Hanover State MA Zip Code 02339-

Purpose of Disbursement  
Party related computer IT support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90513.E11319

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

612.50

PARTY RELATED COMPUTER IT  
SUPPORT

SUBTOTAL of Disbursements This Page (optional) .....

2662.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Css Castle Self-Storage	<b>Transaction ID:</b> 90508.E11215 <b>Date of Disbursement</b>																				
Mailing Address 39 Old Colony Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	9												
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent for Storage Unit	<table border="1"> <tr> <td colspan="10">329.00</td> </tr> </table>	329.00																			
329.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
RENT FOR STORAGE UNIT																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kauppi Communications	<b>Transaction ID:</b> 90508.E11171 <b>Date of Disbursement</b>																				
Mailing Address 27 Townly Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
City Watertown State MA Zip Code 02472-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Communications Consulting Fee - party related non FEA	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
COMMUNICATIONS CONSULTING FEE - PARTY RELATED NON FEA																					
<b>C.</b> Full Name (Last, First, Middle Initial) Kauppi Communications	<b>Transaction ID:</b> 90513.E11308 <b>Date of Disbursement</b>																				
Mailing Address 27 Townly Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Watertown State MA Zip Code 02472-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Communications Consulting Fee - party related non FEA	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
COMMUNICATIONS CONSULTING FEE - PARTY RELATED NON FEA																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**6329.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street	<b>Transaction ID:</b> 90508.E11174 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div>
City Stoneham State MA Zip Code 02180- Purpose of Disbursement Reimbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>279.20</div> REIMBURSEMENT SEE BELOW
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airline Mailing Address web address only- www.delta.com City Boston State MA Zip Code 02114- Purpose of Disbursement N. Connors Reimbursement for Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11175 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>279.20</div> <b>[MEMO ITEM]</b> MEMO: N. CONNORS REIMBURSEMENT FOR AIRFARE
<b>C.</b> Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street City Stoneham State MA Zip Code 02180- Purpose of Disbursement Reimbursement for parking food and travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11176 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>123.00</div> REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**402.20**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90508.E11195

Date of Disbursement

/   /

Amount of Each Disbursement this Period

315.42

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90513.E11309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

448.20

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

Nick Connors

Mailing Address 74 Green Street

City  
Stoneham

State  
MA

Zip Code  
02180-

Purpose of Disbursement  
Reimbursement - See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 90513.E11310

Date of Disbursement

/   /

Amount of Each Disbursement this Period

427.20

REIMBURSEMENT - SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1190.82

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

MEMO: N. CONNORS REIMBURSEMENT FOR AIRFARE

REIMBURSEMENT - SEE BELOW

MEMO: N. CONNORS REIMBURSEMENT FOR HOTEL

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Keswick Consulting

Mailing Address 231 Victory Road

City Quincy State MA Zip Code 02171-

Purpose of Disbursement  
Political Consulting Fee - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11200

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

3000.00

POLITICAL CONSULTING FEE -  
PARTY RELATED NON FEA

B.

Full Name (Last, First, Middle Initial)

Copy Cop

Mailing Address 12 Channel St.

City Boston State MA Zip Code 02210-

Purpose of Disbursement  
Letterhead and Envelopes Party Related - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11173

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

2709.04

LETTERHEAD AND ENVELOPES  
PARTY RELATED - NON FEA

C.

Full Name (Last, First, Middle Initial)

Copy Cop

Mailing Address 12 Channel St.

City Boston State MA Zip Code 02210-

Purpose of Disbursement  
Letterhead and Envelopes Party Related - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11184

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

542.85

LETTERHEAD AND ENVELOPES  
PARTY RELATED - NON FEA

SUBTOTAL of Disbursements This Page (optional) .....

6251.89

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Copy Cop

Mailing Address 12 Channel St.

City  
Boston

State  
MA

Zip Code  
02210-

Purpose of Disbursement

Letterhead and Envelopes Party Related - Non FEA

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90513.E11307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2936.85

LETTERHEAD AND ENVELOPES  
PARTY RELATED - NON FEA

**B.**

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060-0036

Purpose of Disbursement

Cable Service

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90508.E11197

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.52

CABLE SERVICE

**C.**

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement

Express Mail

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 90508.E11179

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.24

EXPRESS MAIL

**SUBTOTAL** of Disbursements This Page (optional) .....

2990.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11207

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.53

EXPRESS MAIL

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90513.E11306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.64

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11205

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.65

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

102.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Dental Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11180

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

499.75

DENTAL INSURANCE

B.

Full Name (Last, First, Middle Initial)

Hampshire House

Mailing Address 84 Beacon St.

City Boston State MA Zip Code 02108-

Purpose of Disbursement  
Room Rental and Catering Deposit for Fundraiser - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11172

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

250.00

ROOM RENTAL AND CATERING  
DEPOSIT FOR FUNDRAISER -  
NON FEA

C.

Full Name (Last, First, Middle Initial)

Hampshire House

Mailing Address 84 Beacon St.

City Boston State MA Zip Code 02108-

Purpose of Disbursement  
Room Rental and Catering Deposit for Fundraiser - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90513.E11318

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

476.30

ROOM RENTAL AND CATERING  
DEPOSIT FOR FUNDRAISER -  
NON FEA

SUBTOTAL of Disbursements This Page (optional) .....

1226.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11169

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

227.64

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11188

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

56.07

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11194

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

151.16

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

434.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11217

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

76.32

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11193

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

97.93

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11192

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

111.22

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

285.47

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
reimbursement for cell phone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11177

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	9

Amount of Each Disbursement this Period

118.51

REIMBURSEMENT FOR CELL PH-  
ONE**B.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	9

Amount of Each Disbursement this Period

106.26

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL**C.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
BelmontState  
MAZip Code  
02478-Purpose of Disbursement  
reimbursement for cell phone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Amount of Each Disbursement this Period

115.00

REIMBURSEMENT FOR CELL PH-  
ONE

SUBTOTAL of Disbursements This Page (optional) .....

339.77

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

IN KIND: R. LAWTON CONTRIBUTION OF CATERING FOR PARTY-RELATED FUNDRAISING EVENT

CATERING AND ROOM RENTAL  
FOR STATE COMMITTEE MEET-  
ING - NON FEA

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90513.E11322  <b>Date of Disbursement</b>  <div>04 / 01 / 2009</div></p> <p>Amount of Each Disbursement this Period  <div>25.30</div></p> <p><b>CREDIT CARD FEE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90513.E11321  <b>Date of Disbursement</b>  <div>04 / 01 / 2009</div></p> <p>Amount of Each Disbursement this Period  <div>177.59</div></p> <p><b>CREDIT CARD FEE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90513.E11323  <b>Date of Disbursement</b>  <div>04 / 02 / 2009</div></p> <p>Amount of Each Disbursement this Period  <div>2.45</div></p> <p><b>CREDIT CARD FEE</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**205.34**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement  
Copier Equipment Lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11198

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

2647.44

COPIER EQUIPMENT LEASE

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City Boston State MA Zip Code 02129-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11185

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

69.63

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City Boston State MA Zip Code 02129-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11210

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

298.71

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

3015.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City  
Boston

State  
MA

Zip Code  
02129-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11202

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

265.00

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

Communication Inc OBrien

Mailing Address PO Box 659

City  
Wrentham

State  
MA

Zip Code  
02093-

Purpose of Disbursement  
Phone System Repair

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11208

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

155.00

PHONE SYSTEM REPAIR

**C.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement  
Rent and Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90513.E11314

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

4831.10

RENT AND UTILITIES

**SUBTOTAL** of Disbursements This Page (optional) .....

5251.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ox-Eye Properties	<b>Transaction ID:</b> 90513.E11316 <b>Date of Disbursement</b>																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent and Utilities	<table border="1"> <tr> <td colspan="10">4969.74</td> </tr> </table>	4969.74																			
4969.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
RENT AND UTILITIES																					
<b>B.</b> Full Name (Last, First, Middle Initial) Boston Park Plaza	<b>Transaction ID:</b> 90508.E11212 <b>Date of Disbursement</b>																				
Mailing Address 64 Arlington St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City Boston State MA Zip Code 02116-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room Rental and Catering for Lincoln Reagan Dinner Fundraiser - Non FEA	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ROOM RENTAL AND CATERING FOR LINCOLN REAGAN DINNER FUNDRAISER - NON FEA																					
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 90508.E11168 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">1845.79</td> </tr> </table>	1845.79																			
1845.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAX																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**7815.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Tax

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 90508.E11162

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2727.53

PAYROLL TAX

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll Tax

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 90508.E11224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2243.60

PAYROLL TAX

C.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION  
New Chardon Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Non-FEA Party Related Postage

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 90508.E11170

Date of Disbursement

/   /

Amount of Each Disbursement this Period

420.00

NON-FEA PARTY RELATED POS-  
TAGE

SUBTOTAL of Disbursements This Page (optional) .....

5391.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION  
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Non-FEA Party Related Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11218

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

630.00

NON-FEA PARTY RELATED POS-  
TAGE

**B.**

Full Name (Last, First, Middle Initial)

Mccormick & Schmicks Seafood Restaurant

Mailing Address Faneuil Haill Marketplace  
North Market Building

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Room Rental and Catering Deposit for Media Briefing -party related Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11186

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

200.00

ROOM RENTAL AND CATERING  
DEPOSIT FOR MEDIA BRIEFING  
-PARTY RELATED NON FEA

**C.**

Full Name (Last, First, Middle Initial)

Mccormick & Schmicks Seafood Restaurant

Mailing Address Faneuil Haill Marketplace  
North Market Building

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Room Rental and Catering for Media Briefing -party related Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11206

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

219.65

ROOM RENTAL AND CATERING  
FOR MEDIA BRIEFING -PARTY  
RELATED NON FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

1049.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mccormick & Schmicks Seafood Restaurant

Mailing Address Faneuil Hall Marketplace  
North Market Building

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Room Rental and Catering for Media Briefing -party related Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90513.E11317

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

196.53

ROOM RENTAL AND CATERING  
FOR MEDIA BRIEFING -PARTY  
RELATED NON FEA

B.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11209

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

417.00

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 33762-

Purpose of Disbursement  
Direct Mail - party related non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11201

Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

1362.00

DIRECT MAIL - PARTY RELA-  
TED NON FEA

SUBTOTAL of Disbursements This Page (optional) .....

1975.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	<b>Transaction ID:</b> 90508.E11187 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	9												
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone Service	<table border="1"> <tr> <td>3</td><td>1</td><td>5</td><td>.</td><td>1</td><td>1</td> </tr> </table>	3	1	5	.	1	1														
3	1	5	.	1	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SERVICE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Union Club- Boston The Union Club	<b>Transaction ID:</b> 90508.E11203 <b>Date of Disbursement</b>																				
Mailing Address 8 Park Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room Rental and Catering for Lawrence Breakfast Fundraiser - Non FEA	<table border="1"> <tr> <td>3</td><td>6</td><td>0</td><td>.</td><td>7</td><td>4</td> </tr> </table>	3	6	0	.	7	4														
3	6	0	.	7	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ROOM RENTAL AND CATERING FOR LAWRENCE BREAKFAST FU- NDRAISER - NON FEA																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tias at Long Wharf	<b>Transaction ID:</b> 90508.E11216 <b>Date of Disbursement</b>																				
Mailing Address 200 Atlantic Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	9												
City Boston State MA Zip Code 02110-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room Rental and Catering for Media Lunch Fundraiser - Non FEA	<table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	0	0	.	0	0														
2	0	0	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ROOM RENTAL AND CATERING FOR MEDIA LUNCH FUNDRAISER - NON FEA																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**875.85**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Office Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11189

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

526.80

OFFICE PHONE SERVICE

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Cell Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90508.E11214

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

98.65

CELL PHONE

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Office Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90513.E11315

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

514.18

OFFICE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

1139.63

TOTAL This Period (last page this line number only) .....

59521.48



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 57

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street	<b>Transaction ID:</b> 90508.E11163 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div>
City Stoneham State MA Zip Code 02180- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1042.32</div> <b>PAYROLL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street City Stoneham State MA Zip Code 02180- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11157 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2662.76</div> <b>PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street City Stoneham State MA Zip Code 02180- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11219 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1942.95</div> <b>PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5648.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11164

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

503.40

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11158

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

503.40

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11220

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

503.40

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

1510.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 57

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road	<b>Transaction ID:</b> 90508.E11165 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div>
City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1319.20</div> <b>PAYROLL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11159 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1319.20</div> <b>PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90508.E11221 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1319.20</div> <b>PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3957.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brett Kasper	<b>Transaction ID:</b> 90508.E11166 <b>Date of Disbursement</b>																				
Mailing Address 43 Eastern Ave. Apt. 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>3</td><td>4</td><td>9</td><td>.</td><td>8</td><td>2</td> </tr> </table>	3	4	9	.	8	2														
3	4	9	.	8	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	PAYROLL																				

  

<b>B.</b> Full Name (Last, First, Middle Initial) Brett Kasper	<b>Transaction ID:</b> 90508.E11160 <b>Date of Disbursement</b>																				
Mailing Address 43 Eastern Ave. Apt. 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	9												
City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>3</td><td>4</td><td>9</td><td>.</td><td>8</td><td>2</td> </tr> </table>	3	4	9	.	8	2														
3	4	9	.	8	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	PAYROLL																				

  

<b>C.</b> Full Name (Last, First, Middle Initial) Brett Kasper	<b>Transaction ID:</b> 90508.E11222 <b>Date of Disbursement</b>																				
Mailing Address 43 Eastern Ave. Apt. 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td>3</td><td>4</td><td>9</td><td>.</td><td>8</td><td>2</td> </tr> </table>	3	4	9	.	8	2														
3	4	9	.	8	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	PAYROLL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1049.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1308.92

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11161

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1308.92

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90508.E11223

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1308.92

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3926.76

**TOTAL** This Period (last page this line number only) .....

16092.05

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 54 / 57

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

6980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6980.45

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3282.16

Transaction ID: LS90513.E11259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3282.16

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

880.53

Transaction ID: LS90513.E11260

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

880.53

1) **SUBTOTALS** This Period This Page (optional).....

11143.14

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 55 / 57

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

219.34

Transaction ID: LS90513.E11261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

219.34

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

5416.25

Transaction ID: LS90513.E11262

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5416.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCM AssociatesNature of Debt (Purpose):  
Original debt for direct  
mail - party related non  
FEAMailing Address Steve Meyers  
1283 Main StreetCity State ZIP Code  
Dublin NH 03444-

Outstanding Balance Beginning This Period

32.49

Transaction ID: LS90513.E11263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.49

**1) SUBTOTALS** This Period This Page (optional).....

5668.08

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 56 / 57

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3395.83

Transaction ID: LS90513.E11264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3395.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

328.84

Transaction ID: LS90513.E11265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

328.84

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 SCM Associates

 Nature of Debt (Purpose):  
 Original debt for direct  
 mail - party related non  
 FEA

 Mailing Address Steve Meyers  
 1283 Main Street

 City State ZIP Code  
 Dublin NH 03444-

Outstanding Balance Beginning This Period

803.20

Transaction ID: LS90513.E11266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

803.20

1) **SUBTOTALS** This Period This Page (optional).....

4527.87

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 57 / 57

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

 Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

1750.00

2) **TOTALS** This Period (last page this line number only).....

23089.09

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

23089.09